



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
WATER SUPPLY ADMINISTRATION  
**BUREAU OF WATER ALLOCATION**  
P.O. BOX 426  
TRENTON, NEW JERSEY 08625-0426  
(609) 292-2957



## AGRICULTURAL WATER USAGE CERTIFICATION APPLICATION

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM.**  
**Provide all requested information, as applicable.**

### A. LOCATION AND PROPERTY INFORMATION

The Department is now maintaining a single database of regulated sites. The following information will prevent unnecessary duplication of data.

#### 1. ACTUAL DIVERSION LOCATION

Name of Facility Application is for (For facilities pending or under construction, please use the proposed facility name)

\_\_\_\_\_

Street Address/Location (or nearest cross streets if no address is available; P.O. Boxes are not acceptable)

\_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

Municipality \_\_\_\_\_ Does the Facility span multiple municipalities? Yes ☐ No ☐

Site Municipality 1: _____		Site Municipality 2: _____	
Block	Lot	Block	Lot

County \_\_\_\_\_ Does the Facility span multiple counties? Yes ☐ No ☐

#### 2. PROPERTY/LAND OWNERS(S) INFORMATION

Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

Organization Type: ☐ Farmer ☐ Authority/District/Commission ☐ Partnership  
(Check one) ☐ Individually Owned ☐ Commercial/Industry ☐ Other \_\_\_\_\_

### 3. APPLICANT/OPERATING ENTITY(IES)\*

Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

#### CONTACT INFORMATION

Application Contact (contact at the above address for all application matters):

If an agent has been authorized under the certifications section of the application to act as the agent/representative in all matters pertaining to the application, please check here: ☐

If an agent has not been authorized, provide an Application Contact

Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Report Form Recipient/Certification Contact (contact at the above address for monitoring reports and information):

Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

### 4. RESPONSIBLE ENTITY/ORGANIZATION

If the responsible organization is the Applicant located in No. 3 above, check here: ☐

If the responsible organization is different from the Applicant in No. 3 above, complete the following:

Organization Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

Fax (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Organization Type: ☐ Farmer ☐ Authority/District/Commission ☐ Partnership  
(Check one) ☐ Individually Owned ☐ Commercial/Industry ☐ Other \_\_\_\_\_

### 5. BILLING CONTACT

Billing for public hearing related fees (if applicable) should go to mailing address of:

☐ Responsible Entity/Organization address in No. 4 ☐ Applicant/Operating Entities address in No. 3

Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

### 6. OTHER PERMITS/AGENCIES

Is the project located in the Delaware River Basin? \_\_\_\_Yes \_\_\_\_No

*See Table 1 attached for a listing of the Major Sub-Basins of the Delaware River.*

The Delaware River Basin Commission can be contacted at (609) 883-9500.

\* Annual Monitoring Report Forms will be sent to the Report Form Recipient at the address listed in this section.

## B. CERTIFICATIONS

### 1. APPLICANT'S CERTIFICATION

*To the best of my knowledge, the information submitted in this application for a water usage certification is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fines.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (please print)

### 2. COUNTY AGRICULTURAL AGENT'S CERTIFICATION

*Based upon the information presented in this application, I am certifying that the quantity of water identified under D.2 is reasonably required to meet agricultural, aquacultural, or horticultural water needs of the applicant. Calculations are attached.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Agent's Signature

\_\_\_\_\_  
County Agent's Name (please print)

### 3. APPLICANT'S AGENT OR REPRESENTATIVE (IF APPLICABLE)

*I, the Applicant/Owner \_\_\_\_\_ or Applicant/Operator (when the owner of the farm and the operator of the farm are distinct parties) \_\_\_\_\_*

*Authorize to act as my agent/representative in all matters pertaining to my application the following person:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant/Owner)

\_\_\_\_\_  
(Signature of Applicant/Owner)

#### AGENT'S/REPRESENTATIVES CERTIFICATION

Sworn before me  
this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

I agree to serve as agent for the above mentioned applicant

\_\_\_\_\_  
(Signature of Agent/Representative)

## C. REQUIRED SUBMITTALS/ APPLICATION ATTACHMENTS

Check here to ensure the following is included with the application:

Included		
<input type="checkbox"/>	1.	A copy of the diversion log for month prior to application (for existing Certifications only). <i>If not submitted, please indicate why:</i> _____
<input type="checkbox"/>	2.	Agricultural Agent Calculations (as required under Section B.2)

## D. DIVERSION REQUEST AND DIVERSION SOURCE INFORMATION

This application is for: (Please check one, as appropriate)

- ☐ Existing Diversion, not previously Certified\*
- ☐ New Diversion, not previously Certified\*
- ☐ Major Modification of Existing Certification No. \_\_\_\_\_ \*
- ☐ Major Modification and Renewal of Existing Certification No. \_\_\_\_\_ \*
- ☐ Renewal of Certification No. \_\_\_\_\_
- ☐ Minor Modification of Certification No. \_\_\_\_\_

\*Requires Public Notice

1. Present water use:
  - a. All sources: \_\_\_\_\_ million gallons per month at a maximum rate of \_\_\_\_\_ gallons per minute.
  - b. All sources: \_\_\_\_\_ million gallons per year.
2. Proposed water use:
  - a. All sources: \_\_\_\_\_ million gallons per month at a maximum rate of \_\_\_\_\_ gallons per minute.
  - b. All sources: \_\_\_\_\_ million gallons per year.  
Note: Monthly allocations are established based upon the maximum withdrawal expected during any one month (31 days) of the calendar year.
3. Diversion to be used for \_\_\_\_\_.
4. Complete the following for each existing and proposed source:
  - a. **Groundwater (wells):**

State Well Permit No. (mandatory)	Well Local Name	Existing (E) Proposed (P)	Date Drilled	Depth (feet)	Diameter (inches)	Pump Capacity (gpm)

**b. Streams/Rivers**

Source Intake SI ID (if already permitted)	Intake Local Name	Existing (E) Proposed (P)	Pump Capacity (gpm)	Drainage Area (at intake)

**c. Ponds**

Source Intake SI ID (if already permitted)	Intake Local Name	Existing (E) Proposed (P)	Average Depth (feet)	Surface Area (Acres)	Source of Water	Pump Capacity (gpm)

**d. Retention Ponds (RP):**

Source Intake SI ID (if already permitted)	Intake Local Name	Existing (E) Proposed (P)	Size (in gallons)	Source of Water	Pump Capacity (gpm)

5. Do any of the above wells or streams supplement the water supply in any of the ponds? Yes ☐ No ☐  
If yes, please indicate the source and the amount:

Well or Stream Name (from 4a or 4b above)	Supplement Which Pond? (from 4c or 4d above)	Supplemental Source(s) Amount (mgm)

6. Are any of the ponds located on-stream? Yes ☐ No ☐

If yes, please identify which pond and the stream: \_\_\_\_\_

## E. MAPPING REQUIREMENTS

Attach a photocopy of a U.S.G.S. 7 ½ minute quadrangle map or County Road Map depicting the following:

Included		
<input type="checkbox"/>	1.	The location of each existing and proposed diversion source identified (well, stream, pond, RP). (Available from the RCE county offices).

## F. IRRIGATION

1. Provide a description of the irrigation or water use practices and the irrigation equipment (type, capacity of nozzles in gpm, maximum number of nozzles operating at one time, average and maximum irrigation time in hours per day, how the ponds are fed, etc.)

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2. Provide a description of the method used to measure the amounts of water diverted from each source:

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3. Farming Activity

Total Acres	Acres Farmed	Predominate Soil Type/Texture	Crop Type	Acreage Planted	Acreage Irrigated

## G. OPERATIONAL CONSIDERATIONS

All of the following statements must be answered.

		Yes	No
1.	The plans proposed pursuant to this certification application provide for the proper and safe construction and structures connected therewith.	<input type="checkbox"/>	<input type="checkbox"/>
2.	The diversion of the quantity of water requested will not unduly interfere with other existing diversions.	<input type="checkbox"/>	<input type="checkbox"/>
3.	The diversion will not exceed the natural replenishment or safe yield of a water resource or threaten to exhaust the water resource or render it unfit for use.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<i>If not a groundwater diversion, and these statements in No. 4 therefore do not apply, check here</i> <input type="checkbox"/> In the case of a groundwater diversion, the following apply:		
	a. the diversion will not cause an increase in saline intrusion that renders the water resource unfit for use.	<input type="checkbox"/>	<input type="checkbox"/>
	b. the diversion will not spread groundwater contamination.	<input type="checkbox"/>	<input type="checkbox"/>
	c. the diversion will not interfere with any groundwater remediation plan or activity.	<input type="checkbox"/>	<input type="checkbox"/>
5.	The diversion will not reduce the dry season flow or level of a river, stream, lake, or pond so as to adversely affect sanitary conditions downstream or otherwise unduly injure public or private interests, including the maintenance of fish life.	<input type="checkbox"/>	<input type="checkbox"/>

## INSTRUCTIONS FOR COMPLETING AGC-001

### 1. GENERAL INSTRUCTIONS

This form included seven sections, A through G. All sections of the form must be completed and all requested information provided or the application will be returned. Additional sheets may be attached if necessary. For additional information, please contact your County Agent or the Agricultural Program Coordinator at the Bureau of Water Allocation at 609-292-2957.

Applications must reference valid State Well Permit Numbers and wells must be permitted for their intended use. A well search can be scheduled by the applicant or performed by the Department for a fee. **Applications without valid State Well Permit Number for existing wells will be returned.**

#### A. Site Location Information

1. Actual Diversion Location - Provide the Name of the Facility of which the application is for, the physical street address or nearest cross streets of the diversion location. Attach additional sheets if more than one physical location applies.
2. Property/Land Owners – Provide the legal name for the owner of the property/land on which the diversion is located.
3. Applicant/Operating Entity(ies) – Provide the name, as it is legally referred to, of the operating entity of the subject facility. The operating entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over any part of the facility/site.  
The Application Contact is the individual responsible for all aspects/inquiries regarding the application. Check the Agent box if an Agent has been designated in Section B3 of the Application. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Annual Monitoring Report Forms. All Monitoring Report Forms will be mailed to the Report Form Recipient/Permit Contact designated at the Operating Entities address.
4. Responsible Entity/Organization – The person, company, or corporation financially responsible for the activity relating to the diversion and has overall legal responsibility of the activities occurring at the site. The organization liable or accountable for overall facility operations. The responsible entity may be the same as the Applicant/Operating Entity noted in Section A3. If so, check the appropriate box provided. If not, provide the requested information for the Responsible Entity
5. Billing Contact - Check the box of the appropriate address (either the Responsible Entity/Organization or the Applicant/Operating Entity) and indicate the individual contact for all billing inquiries. For Agricultural Certifications, the cost of publishing public notice and all public hearing costs will be billed to this address.

- 6. Other Agencies – Please identify if the diversion is located in the Delaware River Basin. See attached Table 1.
- B. Certifications – Provide Certifications as indicated in Section B.
- C. Required Submittals/Application Attachments
  - 1. A copy of the log or other record of the daily and/or monthly hours of operation for each diversion, and/or quantity of water diverted monthly from each diversion source for the last month of operation of the irrigation system prior to application (existing Certifications only).
  - 2. Agricultural Agent calculations certifying the amount of water required, as indicated under Section B.2.
- D. Diversion Request and Diversion Source Information – Identifies the quantity of water involved, what the diversion is to be used for, and the diversion sources.
- E. Mapping Requirements – Identifies the locations of the diversion sources.
- F. Irrigation – Identifies the irrigation equipment and practices, acreage involved, characteristics to determine potential water demand, a description of the method used to measure the amounts of water diverted, and how the applicant determines their water use quantities.
- G. Operational Considerations – Please refer to the Guidelines for assistance in responding to these statements. All statements must be answered.



TABLE 1

## MAJOR SUB-BASINS OF THE DELAWARE RIVER

Alexsocken Creek	Mantua Creek
Allows Creek	Maple Swamp Creek
Assiscunk Creek	Maurice River
Assunpink Creek	Manintico Creek
Baldwin Run Creek	Manumuskin Creek
Big Timber Creek	Miles Creek
Black's Creek	Mill Creek
Cohansey River	Musconetcong River
Cooper Creek	Newton Creek
Crafts Creek	Nichisakawick Creek
Crosswicks Creek	Old Mans' Creek
Delawanis Creek	Paulins Kill River
Dennis Creek	Pennsauken Creek
Fishing Creek	Pequest River
Goshen Creek	Pohatcong River
West Creek	Pompeston Creek
Dividing Creek	Racoon Creek
Back Creek	Rancocas Creek
Nantuxent Creek	Rapaupo Creek
Duck Creek	Salem River
Flat Brook	Shimmers Brook
Harihokake Creek	Stow Creek
Lockatong Creek	Vancampens Creek
Hakihohake Creek	Whopping Creek
Jacobs Creek	Wickecheoke Creek
Lapatcong Creek	Woodbury Creek